

## DMV Lane Technician Observation Report

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|----------------------------------------------------------------------|-----------------------|------------------------------------|-------------------|
| DMV Technician: <u>Bond Douglas</u>                                  |                       | Position: <u>1</u> or 2            |                   |
| Station: <u>New Castle</u>                                           |                       | Date: <u>1-9-14</u>                | Time: <u>8:15</u> |
| Vehicle Make: <u>Volkswagen</u>                                      |                       | Model: <u>Jetta</u>                | Year: <u>2002</u> |
| GVWR:                                                                | Fuel Type: <u>Gas</u> | Registration Number: <u>810547</u> |                   |
| Auditor: <u>Coverdale</u>                                            |                       | Covert/ <u>Overt</u> (Circle One)  |                   |
|                                                                      | YES                   | NO                                 | N/A               |
| 1. Did technician check vehicle paper work and verify VIN number?    | <u>✓</u>              |                                    |                   |
| 2. Was <b>Emissions</b> testing required?                            | <u>✓</u>              |                                    |                   |
| a) Was Emissions testing performed using OBD?                        | <u>✓</u>              |                                    |                   |
| b) Was Emissions testing performed using Analyzer Probe?             |                       |                                    |                   |
| c) Was Emissions testing performed using Paddle(s)?                  |                       |                                    |                   |
| d) Was Emissions testing performed using Clip?                       |                       |                                    |                   |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                       |                                    | <u>✓</u>          |
| a) Was Catalytic Converter inspection performed?                     |                       |                                    |                   |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                       |                                    | <u>✓</u>          |
| a) Was Fuel Tank pressure testing performed?                         |                       |                                    |                   |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                       |                                    | <u>✓</u>          |
| a) Was Fuel Cap pressure testing performed?                          |                       |                                    |                   |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                       |                                    |                   |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                       |                                    |                   |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                       |                                    |                   |
| <b>Sussex County Only</b>                                            |                       |                                    |                   |
| 7. Was <b>Curb Idle</b> testing required?                            |                       |                                    |                   |
| a) Was Curb Idle testing performed?                                  |                       |                                    |                   |
| <b>Comment:</b>                                                      |                       |                                    |                   |
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**Original 08/06/2009/TMP**

## DMV Lane Technician Observation Report

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|----------------------------------------------------------------------|-----------------------|---------------------------------------|----------|
| DMV Technician: <u>Holiday James</u>                                 |                       | Position: <u>1 or 2</u>               |          |
| Station: <u>New</u>                                                  | Date: <u>1-9-14</u>   | Time: <u>8:40</u>                     |          |
| Vehicle Make: <u>Cadillac</u>                                        | Model: <u>ALTIMA</u>  | Year: <u>2007</u>                     |          |
| GVWR:                                                                | Fuel Type: <u>GAS</u> | Registration Number: <u>VIN Below</u> |          |
| Auditor: <u>Coverdale</u>                                            |                       | Covert/ <u>Overt</u> (Circle One)     |          |
|                                                                      |                       | YES                                   | NO       |
| 1. Did technician check vehicle paper work and verify VIN number?    |                       | <u>L</u>                              |          |
| 2. Was <b>Emissions</b> testing required?                            |                       | <u>✓</u>                              |          |
| a) Was Emissions testing performed using OBD?                        |                       | <u>✓</u>                              |          |
| b) Was Emissions testing performed using Analyzer Probe?             |                       |                                       |          |
| c) Was Emissions testing performed using Paddle(s)?                  |                       |                                       |          |
| d) Was Emissions testing performed using Clip?                       |                       |                                       |          |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                       |                                       | <u>L</u> |
| a) Was Catalytic Converter inspection performed?                     |                       |                                       |          |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                       |                                       | <u>L</u> |
| a) Was Fuel Tank pressure testing performed?                         |                       |                                       |          |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                       |                                       | <u>✓</u> |
| a) Was Fuel Cap pressure testing performed?                          |                       |                                       |          |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                       |                                       |          |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                       |                                       |          |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                       |                                       |          |
| <b>Sussex County Only</b>                                            |                       |                                       |          |
| 7. Was <b>Curb Idle</b> testing required?                            |                       |                                       |          |
| a) Was Curb Idle testing performed?                                  |                       |                                       |          |
| <b>Comment:</b> <u>1N4BL21E37N407397</u>                             |                       |                                       |          |
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Original 08/06/2009/TMP